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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/667,424
	Filing Date	09/21/2000
	First Named Inventor	Sogawa
	Art Unit	2615
	Examiner Name	Selby, G.
Total Number of Pages in This Submission	Attorney Docket Number	032405.043

ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply  <input checked="" type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input checked="" type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>Request for Continued Examination</b>			
<table border="1"><tr><td>Remarks</td><td rowspan="2"><div>RECEIVED SEP 09 2004 Technology Center 2600</div></td></tr><tr><td> </td></tr></table>			Remarks	<div>RECEIVED SEP 09 2004 Technology Center 2600</div>	
Remarks	<div>RECEIVED SEP 09 2004 Technology Center 2600</div>				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Brandon S. Boss - Reg. 47,567
Signature	<i>Brandon S. Boss</i> 52,807
Date	September 7, 2004

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="font-size: small; margin: 0;">Effective 10/01/2003. Patent fees are subject to annual revision.</p>		<p><b>Complete if Known</b></p>	
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.101(a)(2).</p>		<p>Application Number: 09/667,424</p> <p>Filing Date: 09-21-2000</p> <p>First Named Inventor: Sogawa</p> <p>Examiner Name: Selby, G.</p> <p>Art Unit: 2615</p> <p>Attorney Docket No.: 032405.043</p>	
<p><b>TOTAL AMOUNT OF PAYMENT (\$)</b> 880</p>		<p><b>RECEIVED</b></p> <p>SEP 09 2004</p> <p>Technology Center 2600</p>	

<p><b>METHOD OF PAYMENT (check all that apply)</b></p> <p><input checked="" type="checkbox"/> Check   <input type="checkbox"/> Credit card   <input type="checkbox"/> Money   <input type="checkbox"/> Other   <input type="checkbox"/> None</p> <p><input type="checkbox"/> Deposit Account:</p> <p>Deposit Account Number: 02-4300</p> <p>Deposit Account Name: Smith, Gambrell &amp; Russell, LLP</p> <p>The Director is authorized to: (check all that apply)</p> <p><input type="checkbox"/> Charge fee(s) indicated below   <input checked="" type="checkbox"/> Credit any overpayments</p> <p><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application</p> <p><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p> <p style="text-align: center;"><b>FEE CALCULATION</b></p> <p><b>1. BASIC FILING FEE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>530</td> <td>2003</td> <td>265</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td><b>(\$)</b> 0</td> </tr> </tbody> </table> <p><b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b></p> <p>Total Claims: <input type="text"/> - ** = <input type="text"/> X <input type="text"/> = <input type="text"/></p> <p>Independent Claims: <input type="text"/> - ** = <input type="text"/> X <input type="text"/> = <input type="text"/></p> <p>Multiple Dependent: <input type="text"/> X <input type="text"/> = <input type="text"/></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td><b>(\$)</b> 0</td> </tr> </tbody> </table> <p style="font-size: x-small;">**or number previously paid, if greater; For Reissues, see above</p>	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)			1001	770	2001	385	Utility filing fee		1002	340	2002	170	Design filing fee		1003	530	2003	265	Plant filing fee		1004	770	2004	385	Reissue filing fee		1005	160	2005	80	Provisional filing fee		<b>SUBTOTAL (1)</b>					<b>(\$)</b> 0	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)			1202	18	2202	9	Claims in excess of 20		1201	86	2201	43	Independent claims in excess of 3		1203	290	2203	145	Multiple dependent claim, if not paid		1204	86	2204	43	** Reissue independent claims over original patent		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2)</b>					<b>(\$)</b> 0	<p><b>3. 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<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Brandon S. Boss	Registration No. (Attorney/Agent)	46,567
Signature		Telephone	202 263 4300
		Date	September 7, 2004

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